

FILED DEC 27 1950

## STANDARD CERTIFICATE OF DEATH

State File No. **41349**

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

BIRTH NO.		REG. DIST. NO. 172		PRIMARY REG. NO. 4273		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. LENGTH OF STAY (in this place) <u>37 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>114 Bismarck</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) <u>LOUISE</u>		c. (Last) <u>EHLERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 18 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>FEB 6 1882</u>		9. AGE (In years last birthday) <u>68</u> If UNDER 1 YEAR: Months Days If UNDER 14 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>STATE OF ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN L. ANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. PAULINE MURPHY WEST POINT, N.Y.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PAULINE MURPHY</u> ADDRESS <u>WEST POINT, N.Y.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis with terminal uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>  <u>332X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 9, 1950</u> , to <u>Dec 18, 1950</u> , that I last saw the deceased alive on <u>Dec 17, 1950</u> , and that death occurred at <u>11:24 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. Brady, M.D.</u>				23b. ADDRESS <u>Concordia, Missouri</u>		23c. DATE SIGNED <u>12/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 21-1950</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia, Mo</u>	

RECEIVED 12/27/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 12/27/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. S. James

Student Embalmer No. ....

Licensed Embalmer No. 2058

P. O. Address Conradia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.